

**Testimony before the Human Services Committee  
February 23, 2010  
Support for HB 140 and HB 5067**

Good afternoon Senator Doyle, Representative Walker and members of the Human Services Committee. My name is Amy O'Connor, and I am the Public Policy Assistant for the National Alliance on Mental Illness, or NAMI-CT. NAMI-CT is the largest member organization in the state of people with psychiatric disabilities and their families.

NAMI-CT supports SB 140, An Act Concerning Youth Transitioning between the Department of Children and Families and the Department of Mental Health and Addiction Services. This bill requires the Department of Children and Families (DCF) to provide services to youth transitioning from DCF to the Department of Mental Health and Addiction Services (DMHAS), regardless of age, until all of the elements of the transition plan designed to assure a therapeutic and successful transition have been completed.

Providing comprehensive support services to youth with mental illnesses transitioning into adulthood is critical to their success. Many youth age out of children's services without any transitional planning and lack skills necessary to manage their illnesses and accomplish their goals. These youth face the challenge of entering adulthood without proper services and support.<sup>1</sup>

Without services and supports, transition age youth with mental illnesses are three times more likely to be involved in criminal activity than adolescents without an illness and have higher rates of substance abuse than any other age groups with mental illness. Over 60% of these young adults are unable to complete high school or continue their educations. Further, they are often unemployed, and lack skills needed to live independently and establish and maintain relationships. Approximately 20% of them have either contemplated suicide or attempted suicide.<sup>2</sup> Mental illness is a primary factor leading to youth homelessness, and youth with child welfare system involvement are more likely to be homeless than those not involved: 25% of former foster youth reported they had been homeless at least one night within 2.5 to 4 years after exiting foster care.<sup>3</sup>

Youth in transition need individualized services that assist them in employment, housing, and education. Services and supports need to be developmentally appropriate in order to build on the strengths of youth in transition.<sup>1</sup> The nation's leading researcher and scholar of transition issues reports that the transition from the child to adult systems can bring significant disruptions, including changes in therapist, case manager, residence, treatment culture, and daily contact with peers, among others. These types of discontinuities interrupt service and program content, social environments and attachments, leading youth to reject services or struggle to adjust to them.<sup>4</sup>

1. Bazelon Center for Mental Health Law: Facts on Transitional Services for Youth with Mental Illnesses (2004)

2. Seeking Effective Solutions: Partnerships for Youth Transition Initiative (2007)

3. Fact Checker - Accurate Statistics on Homelessness: Youth Homelessness. National Alliance to End Homelessness (2007)

4. Davis, M. (2007). Pioneering Transition Programs; The Establishment of Programs that Span the Ages Served by Child and Adult Mental Health. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

She points out that the absence of opportunities to continue receiving services between systems represents an inflexibility that is antithetical to the concept and practice of individualizing services, and recommends reducing service discontinuity during the transition years to facilitate youth engagement in services, and allow for less impeded therapeutic and rehabilitation progress.<sup>5</sup>

Last year approximately 25 youth and young adults living with mental illnesses, aged 16 – 26, made recommendations to the Joint State Mental Health Planning Council on what they need from the system to successfully transition to adulthood. Their self-identified needs include basic life skills like budgeting, paying rent, and having enough food each week; education support; intensive job training and support; coping and communication skills; peer support and programming; information about services and self-help/advocacy resources; and individualized treatment and services. They concluded that the youth system needs to provide them with supports to keep them from “dropping out of everything,” including school and jobs, losing friends and being distanced from family. In addition, many who did “drop out” reported that they ended up in the emergency room, hospital in-patient, or a residential program—costly alternatives. A separate group of up to 30 youth and young adults met this fall for two days and drew virtually the same conclusions on their needs. I urge you to take their expert recommendations into account when you consider SB 140. Their needs correlate with the age-appropriate services that DCF should provide during the transition period.

In 2007 there were there were close to 2,000 referrals from DCF to DMHAS. Consistent with national trends, many of CT’s youth and young adults with mental illnesses are falling through the cracks, dropping out, and landing in our criminal justice system and becoming homeless. SB 140 requires DCF to be accountable for this vulnerable population. Please support this bill and give these youth and young adults access to the services and stability they desperately need.

NAMI-CT also supports HB 5067, An Act Concerning the Transition of Care and Treatment of Children and Youth from the Department of Children and Families to the Department of Mental Health and Addiction Services. This bill requires DCF and DMHAS to provide an annual report to several legislative committees regarding the transition of young adults between their agencies. The report would include detailed statistics on the population going through the transition process, the cost of their care, and the overall successes and failures of this system. This report will help to identify problems in the transition process, which could then be addressed by both departments. Please support this bill to further support the successful transition of youth and young adults with mental illnesses in Connecticut.

5. Davis, M., Johnsen, M., Koroloff, N., Starrett, B. E., McKay, C., Pullmann, M., Sondheimer, D., & Gordon, L. (2005). Where are bridges needed? Relationships between youth and adult services before strengthening the transition system. Report on the interrelationships of agencies in a Center for Mental Health Services Partnerships for Youth Transition Grant Site. Center for Mental Health Services, Rockville, MD: Substance Abuse and Mental Health Services Administration.